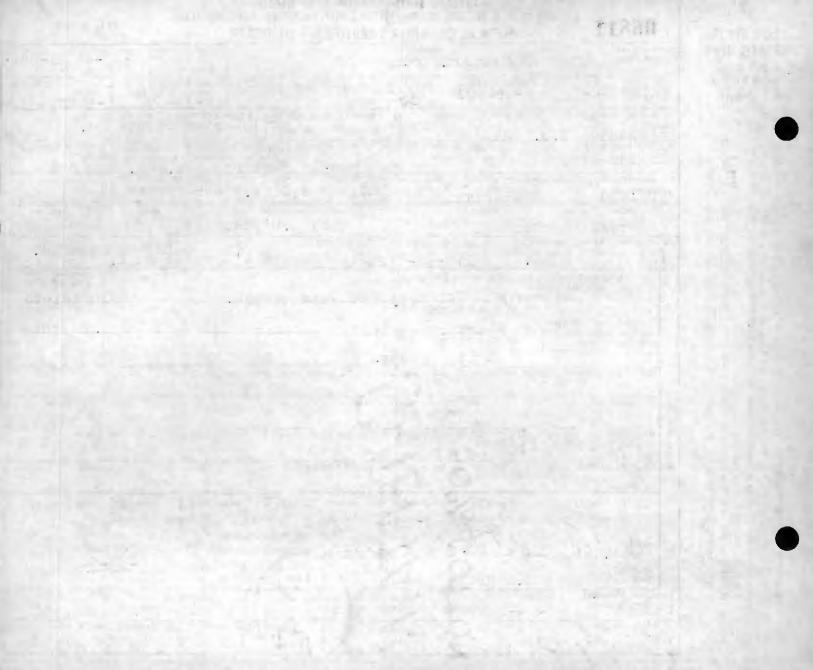
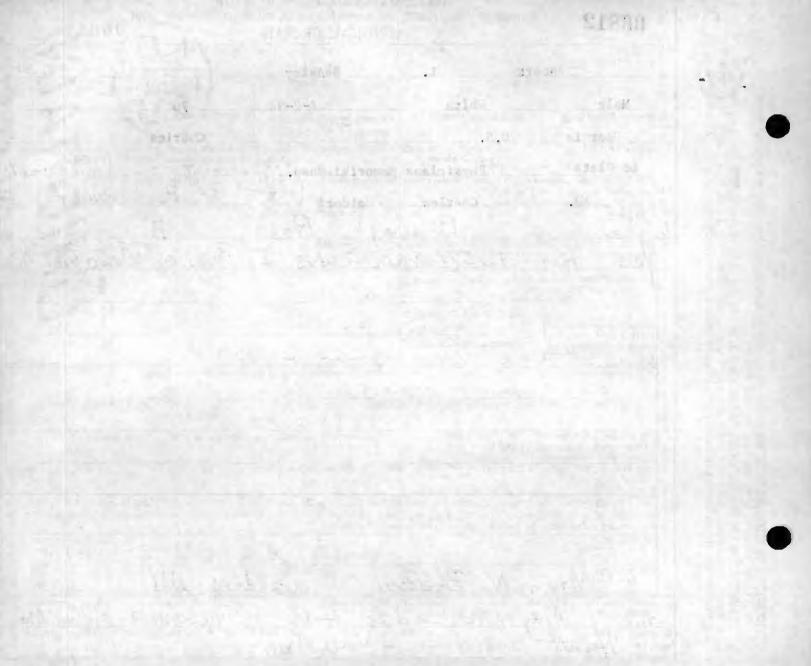
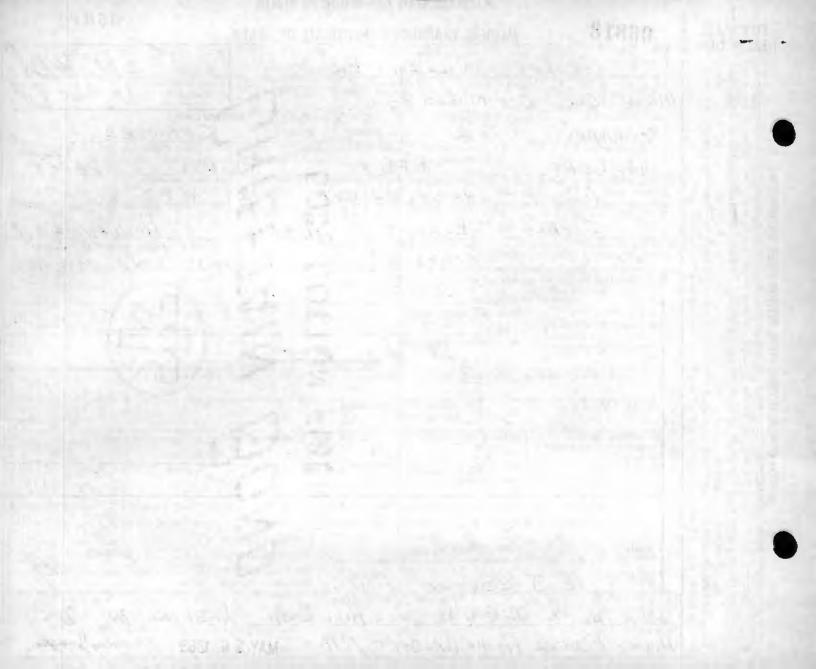
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06810 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH_DEPT. 1. DECEASED-NAME 20 DATE KNOWN Frank Xavier Armstrong (Type or Print) OF ESTI-6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 3. SEX 4. RACE 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR Male W-IIS 6-301902 3-60 Day MARRIED NEVER MARRIED 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH Charles County Md. WIDOWED F DIVORCED [Washington D 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Indian Head Md give street oddress? during most of working life, even if retired.) Item 18. Give Cypress Place tired 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d HASIDE CITY LIMITS? 13e. STREET AND NUMBER 136 COUNTY Charles Indian He Billion 28-Cypress Place ofter puo 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Last Middle Mary A. O'Donnell Ambrose Armstrong Examiner's pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Indian Head Md. (Yes, no, or unknown) 214-52-3722Miss Regina O'Donnell Aunt. APPROXIMATE INTERVAL executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (6) Coronary Occlusion Massive mmediate DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove (b) Arterio Sclerosis ndefinite General rise to immediate couse (a). AUD Should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause WAging Process .= forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) certificote 0 remova used 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [7] NO F pe 0 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or R F.D. No. City or Town County State factory, affice building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection XX. Inquiry Tox and in my opinion death resulted fram: Natural causes X-X- Accident Undetermined manner Suicide . Hamicide CHIEF MEDICAL EXAMINER ACTUAL moy be re 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER -SIGNATURE 5-13-69 DEPUTY MEDICAL EXAMINER TX **EXAMINER'S** James E.Andrews MD ADDRESS(Street, city, fawn, or county) NAME (Type 0 230. BURIAL REMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) 5-16-1969 Resurrection Clinton Pr. George 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (6) 10M REV, 1



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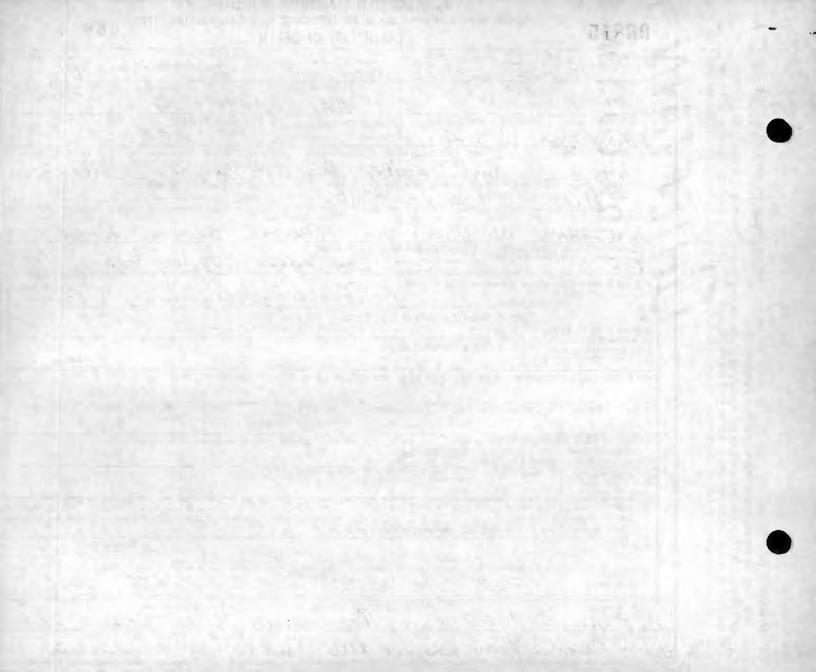


MARYLAND STATE DEPARTMENT OF HEALTH 06812 MEDICAL EXAMINER'S CERTIFICATE OF DEATH *HEALTH DEPT 1. DECEASED-NAME 2g. DATE KNOWN Month Day (Type or Print) ESTI-GEORGE DEATH MATED 6 IE UNDER 24 HRS. Department 3. SEX DATE PRONOUNCED DEAD, ond 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH Officer olbng with farm WIDOWED DIVORCED [the State 10. CITY OR TOWN OF DEATH . NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done during money working life even if retired.) give street address) 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER BALTIMORE, Middle and 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME RANDT poges hours Examiner 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) File 72 within IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE event Canditions, if any, which gave Chief burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSTQUENCE. e ward should stoting the underlying couse .⊑ forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) certificate 00 removal, 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO 🔀 YES [execute the certificate, 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY SECURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY TOR CONTRIBUTING crematian. CAUSE OF DEATH 21e. PLACE OF INJURY HAP bome, 21f. LOCATION Street or R.F.D. Stote may be retained for your FUNERAL DIRECTOR: Page funeral director. Page 22a. I certify that I taak charge of the remains described above, held an Autopsy [Inspection and in my apinian buriol. MEDICAL death resulted fram Natural causes Accident Suicide A Homicide Undetermined manner please CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type ADDRESS(Street, city, town, or county) the 23d. LQCATION (City or Town) (State) (County) VR A15ME (5)



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2 2	24	FUNERAL DIRECTOR	ADDRESS ADDRESS	y //K/// UTHE DEA	C'D BY REGISTRAR 2Sb. REGISTRAR'S	CIGNATURE .
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	ne death cer attending p permit The ion, ar rema		18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) LIGHT AND IMMEDIATE CAUSE (b)	APPROXIMATE INTERVAL BETWEEN DISSET AND DEATH
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	CLAN: 1	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR AM Month Doy Year HOUR AM Month Doy Year 19	r Port 2, Item 18)
	DING PHYSICIAN: The law requires that the death certifice by the haspital ar attending physician. Wher this certificate has been signed by the attending physis be detached far use as the burial-transit permit. Then plate Dept. of Health priar to burial, cremation, ar remaval,	ME	21d. INJURY OCCURRED While Not while of work 21e PLACE OF IN.URY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
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	OR ATTEND be retained DIRECTOR: A le 3 shauld led with the S		226 SIGNATURE ATTENDING MED. STAFF DIRECTOR PHYS	22c. DATE SIGNED 22 May 1968
	TO HOSPITAL OR Page 4 may be 1 TO FUNERAL DIRI director, page 3 shauld be filed v		22d. PHYS CIAN'S ARTHUR O, WOODDY. M.D. 22e ADDRESS LATA, MARYLAIN	
	To Ho Page direct	E	BURIAL, CREMATION, BUILD State 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City of Town Tark Control 15/31/1969 Holy Ghost Cemetery Issue, In	Maryla nd
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Brial 5/10/1969 St. Mary's Cemetery Newport, Maryland	He or the	230	BUX'AL, CREMATION, 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
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	L			CERTIFICATE OF DEATH		06817
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ter death funeral s 1 and fter death	3 5		4. RACE	S. DATE OF BIRTH		
s afte the f	Ľ	Female	Cancastan	Nov.26,18	6 AGE (in years lost birthday) 82 YRS.	IF UNDER 1 YEAR 1F JINDER 24 HRS. MONTHS DAYS HOURS MIN
	7a.	BIRTHPLACE (State or fareign 71	CITIZEN OF WHAT COUNTRY?		9 COUNTY OF DEATH	
24 h	L	Maryland	U.S.A.	WIDOWED DIVORCED	CHAPLES	Md.
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ppletin carl	13o		lived, if institution Residence before	13c CITY OR TOWN 3d. INSIDE CITY	The system in the models	
cam cam	_	MO.	Unartes	La Plata YESXX NO	July abraid	e Street
and rem	14.	FATHER'S NAME FIRST FRANK P	M. ddfe Last JENKINS	IS MOTHER'S MAIDEN NAME FOR M. Bert		Lost
and in de	160	WAS DECEASED EVER IN U.S ARMED			cha Simms	36.7
physician en please		es no, ar unknawn) (If yes give were			Jenkins-Neph	Md. ew-La Plata
The law requires that the death cerather attending physician. has been signed by the attending pase as the bund transit permit. The th priar ta burial, cremation, ar remover.		PART I. DEATH WAS CAUSED B	ane cause per line far (a), (b), and (c) Y. (AUSE (a)			APPROX MATE INTERVAL BETWEEN ONSET AND DEATH 3
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the the sit p		Conditions, if any, which gave)	(b) Cardiac	Failure		2 days
N: The law requires that are aftending physician. The has been signed by a ruse as the bund frant saith prior to burial, crent		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	entre Cardina	scular Disease	Years
equires physicic signed burial to burial, c		PART 2. OTHER SIGNIFICANT CONDI		OT RELATED TO THE TERMINAL DISEASE ORCO		
The Find	l s					
as be as brian	CERTIFICATION	19d. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS PE		20b IF YES, WERE FINDINGS (CAUSES OF DEATH?	ONS DERED IN CERTIFYING
4/ Farante		21a ACCIDENT WAS UNDERLYING	23b TIME OF (NJURY	, L	noture of injury in Port 1 or Part 2,	Itom 19 \
ICIAN pital rrifica ed far af He	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year P.M. 19			1018 10.)
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed we page 4 may be retained by the haspital or attending physician. 5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplette director, page 3 should be detached for use as the bund transit permit. Then please remove carb should be filed with the State Dept. af Health priar ta burial, cremation, ar removal, and in any event.	Σ	21d th. JRY OCCURRED 21e. PL While Nat while at wark	ACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING ETC.	ORY.) 21f LOCATION Street or R.F.D. No.	City ar Town	County State
by t by t ffer be c State		22a. I certify that (I) (this-	hospital) attended the decease	d fram SU RAY , 1969 9 64, and that ih (my) (our) apir	1, to May 24, 19	64, that (I) (we) last
R: A R: A the		saw the deceased aliv causes stated above, (e an l) (we) (did) (d id no t) view the l	y <u>w</u> , and that ih (my) (our) apir eady after death.	nion death accurred an the do	ate and haur and fram the
AT AT Showith with		22b SIGNATURE OR	700			DATE SIGNED
DIRI DIRI Jee 3		(p) Sari	y mason mac		ED STAFF PHYS.	14 may 69
ITAI May RAL Pai be fi		22d. PHYSICIAN S NAME (Type) J.G.	Possess Mosses	22e ADDRESS	- Manual and	1
OSP Be 4 INEI ctar uld	225	BURIAL, (REMATION, 23b DAT	Barry Mason	M.D. La Plat	a, Maryland 23d LOCATION (C ty or Town)	26
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	R ₁			Ignatius Cemeter	1	(County) (State) . Marvland
VR A15 (4)		FUNERAL DIRECTOR	ADDRESS	25a REC D BY	REGISTRAR 256 REGISTRARS	SIGNATURE
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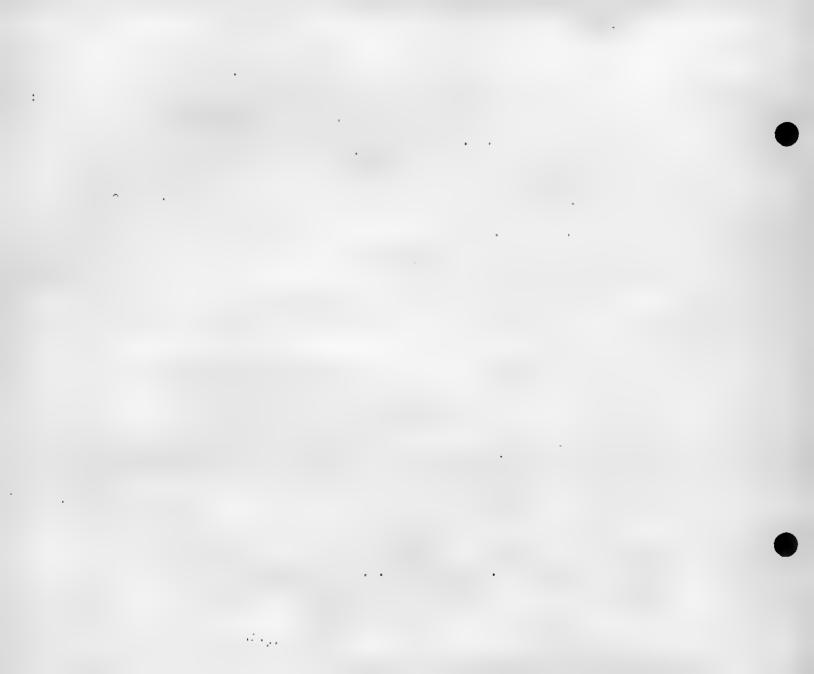


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deloy ond 3 M3 Po	3 5		4 RACE	S DATE OF BIR		6 AGE (In y		YEAR IF UNDER 24 DAYS HOURS	ac DA	TE PRONOUNCED	DOW -	Year	2d HOUR
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(AMINER: te the cert e 4 should our files. oge 3 shou cremotion,	MED	218 INJURY OCC	JRRED 21e P	ACE OF INJURY (At home form	n, street,		Street ar R F D Na	(aty or Town		(ytnuo)	State
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o DEPUT) necessary, the funero 5 may be 0 FUIEINA Nealth pr		EXAMINER'S NAME (Type)	Ch	arles S.	Spri	ngate,	M.D.	DEPUTY MEDICAL ADDRESS(Street, of	_	_	may .	19, 1969	,
10 D	230	BURIAL, CREMA	TION, 23b	DATE	23c.	NAME OF CEMI	TERY OR CREMATO			ON (City or Tay	vn)	(County) ((State)
-	_	REMOVAL (Speci	fu)	y 21, 19	- (a Garden		Arli	ngton,			
	24	FUNERAL DIRECT	OR			ADDRESS	A1 1 7		BY REGISTRAR		GISTRAR S	SIGNATURE	,
VR A15ME (5) 10M REV 1768	Co	viagton-	-Martin	Funeral	Home	Falls	Church, V	Ta. DATE MA	A S S 1	1968 /	was	May Jud	THE .





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1 Jun 1	OR STATE	5/29/69 2 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, MEDICAL EXAMINER'S CERTIFICATION OF VITAL RECORDS, 301 W. PRESTON STREET, MEDICAL EXAMINER'S CERTIFICATION OF VITAL RECORDS, 301 W. PRESTON STREET, MEDICAL EXAMINER'S CERTIFICATION OF VITAL RECORDS, 301 W. PRESTON STREET, MEDICAL EXAMINER'S CERTIFICATION OF VITAL RECORDS, 301 W. PRESTON STREET, MEDICAL EXAMINER'S CERTIFICATION OF VITAL RECORDS, 301 W. PRESTON STREET, MEDICAL EXAMINER'S CERTIFICATION OF VITAL RECORDS, 301 W. PRESTON STREET, MEDICAL EXAMINER'S CERTIFICATION OF VITAL RECORDS, 301 W. PRESTON STREET, MEDICAL EXAMINER'S CERTIFICATION OF VITAL RECORDS, 301 W. PRESTON STREET, MEDICAL EXAMINER'S CERTIFICATION OF VITAL RECORDS, 301 W. PRESTON STREET, MEDICAL EXAMINER'S CERTIFICATION OF VITAL RECORDS OF VITAL REC	ATE OF DEATH	06820
	ALTH DEPT.			Day Year 2b. HOUR
		(Type of Print)	UF LOIF - 34-	
ay i	Poge to	3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (n years FUNDER I		2d HOUR
iny delay	E E ()	(ast birthday) MONTHS	DAYS HOURS MIN May Day 18,	Year 1969 8:00 P.M
ny	Nº L	70 BIRTHP.ACE (Stote or foreign 75 CTIZEN OF WHAT COUNTRY? 8 MARRIED NEW		1707 P.m
	- E//Q	(Ountry) Virginia	DIVORCED CHARLES	Md
#	State	10. CITY OR TOWN OF DEATH reestone 11/NAME OF HOSPITAL OR INSTITUT ON (4 not in hi	aspital 12a USUAL OCCUPATION (Kind of work done 11	26 KIND OF BUSINESS OR
after death	we P	LaPlata Point VErenart/Funeral/Hous	during most of working I fe, even if retired)	NDUSTRY
fter	18. Giv	13a LSLAL RESIDENCE (Where deceased Lyed, if institution. Residence before 13c. CITY OR TOWN	13d. INSIDE CITY LAM TS? 13e STREET AND NUMBER	
75 0	~ Og € 78	odm ssich) STATE Va. WPFGUNHCe William Woodbridg	e YES □ NO □ 410 G. Street	
hours	item 18. Give Pages 1, Office alang with form Tand 2 with the State D after deoth.		RS MAIDEN NAME First Middle	Last
24	# S 18 8		isey B McClary	
within	niner's miner's pages haurs	16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMAN 17. INFORMAN 228-24-0276 Cunnit		4
×.	Exan Exan File 72		ngham Funeral Home, Alexand	ria, Virginia
be executed	"pending" in nief Medical E. ansit permit. F event within	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY		BETWEEN ONSET AND DEATH
OC.	Medical Medical permit.	IMMCDIATE CAUSE (a)	Drowning	1
9	ef N ef N sit p	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave)		
	Chiid than	nse to immediate cause (a), (b)		
should	o the Chief o the Chief burial-transit	stating the underlying cause DOE 10, OR AS A CONSEQUENCE OF		
. <u>1</u> 2	e, writing the ward "pending" in pencil, in farwarded to the Chief Medical Examiner's used as a burial-transit permit. File pages emaval, and in any event within 72 haurs	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	UNAL DISEASE OR CONDITION GIVEN IN PART 1(g)	·
This certificate	icate, writing the be farwarded to be used as a k de remaval, and ar remaval, and		` '	
erti	arwar used mava	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?		20 AUTOPSY?
is	e for be u	WAS PERFORMED?		YES NO 🔀
	T	210. EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day Year 21c HOW INJU	URY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	n 18.)
ER	te the certific ge 4 shauld b yaur files. 'age 3 shauld crematian, ar		ting to rescue daughter and	
W			Street at R.F.D. No. City at Town	Caunty State
EXAMINER:	recute the Page 4 far yaur 18: Page iat, cren		one Point	Md.
AL	# - TO 5	220. I certify that I took charge of the remains described above, held on		
DICAL	vlease en directar. etained 1 DIRECTO or ta bur	death resulted from: Natural causes Accident X, Suicide (
	please e I directal retained L DIRECT	ACTUAL (See 18)	CHIEF MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER 22b. DATE SI	GNFD
Ž	ssaary, ple funeral di ay be reta JNERAL DI Ith priar	EXAMINER'S Charles S. Springate, M.D.	AND STATE INCOLOR CAMBINES LA	19. 1969
DEPUTY	the funeros may be small be the funeros may be be the funeral beauth by Health br	EXAMINER'S Gnarles S. Springate, M.D.	ADDRESS(Street, city, town, ar county)	17, 1707
01	the fun 5 may 10 FUNE Health	23a BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATI	ORY 23d LOCATION (City of Town) (I	County) (State)
_		REMOVAL(Specify) Burial 5-22-69 Dumphries Ceme	tery Dumphries, Virgi	nia
		24 FUNERAL DIRECTOR ADDRESS 21229	2Sa REC D BY REGISTRAR 2Sb. REGISTRAR S S	GNATURE
	VR A15ME (5)	Howard H. Hubbard 4107 Wilkens Ave. Baltimo	re MAY 2 1 1969 / Cherry	Pa - 115,



	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE HEALTH DEPT.	06822 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	_06821
	TERESA Middle Teres Middle Teres Middle Teres Teres	nth Doy Year 2b HOLIR
any delay is 2, and 3 ta PM3. Page	3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In yours IF Judger TEAR IF LINDER 24 HRS 20 DATE PROMOMED DEAR Ingel burthday) MONTHS DAYS HOURS MIN MONTH DOWN	
any control	70 B.RTHPLACE (Stote or foreign 70 CT ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED X 9 COUNTY OF DEATH	NO FIFT. M
	Country Virginia U.S.A. WIDOWED DIVORCED Charles 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USJAL OCCUPATION (Kind of work doi	Md.
ter death If any delay is Give Pages 1-2, and 3 ta ing with form PM3. Page in the Figure Degotament of the American of the Ame	Freestone Point g. Potomac River during most of weeking life, even if retired	12b kind of 8US NESS OR INDUSTRY At School
S Giver	130 LSUAL RES DENCE (Where deceosed liyed, if institut on Residence before 13c CITY OR TOWN 13d 145DE GT: JM-152 13e. STREET AND NUMBER odmiss on) STATE Mirginia COUNTY Prince William-Wooddorige 410 G St.	reet
	Otis M. Peacher Lost IS MOTHER'S MAIDEN NAME First Andrew AM	DON Peacher
ASSON OF VITAL RECORDS, 301 W. PRESTON STREET, B. MINER: This certificate shauld be executed within 24 the certificate, writing the ward "pending" in pencil in 4 shauld be farwarded to the Chief Medical Examiner's in files. e. 3 shauld be used as a burial-transit permit file pages mation, or remayal, and in any event within 72 hours	160 WAS DECEASED EVER 'IN L. S. ARMED FORCES? 160 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, in page unknown) 1 (If was given were or deplayed sequence) 2 0.0 m (PODA 14750.00)	DOOD BRIDGE.
N STR ed with in pe of Exar t File tin 72	IB. CAUSE OF DEATH (Enter only one couse per line for (a) to) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	APPROX.MATE INTERVAL BETWEEN ONSET AND DEATH
V. PRESTON s be executed "pending" in nief Medical E. nnsil permit F	DUE TO OR AS A CONSCIUENCE OF	2-18-69
W. PRE W. PRE d be ex rd "pend Chief M transit p	Conditions, if any, which gave rise to immediate couse (a) Stating the underlying couse (b) DUE TO, OR AS A CONSEQUENCE OF	5-18-69
S, 301 W. Pl shauld be e shauld be ward "per na the Chief I burnot-fransiti	(c)	
VITA RECORDS. This certificate scate, writing the be farwarded to be farwarded as 5 but it remayal, and 1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ITAL REC nis certifi ite, writir farward se used a	190. DATE OF OPERATION 196 COND TON FOR WHICH OPERATION WAS PERFORMED? 2 to EXTERNAL CAUSE WAS 2 to TIME OF INJURY Month, Doy, Yeor, 21c HOW/INJURY OCCURRED (Enter nature of injury in Port 1 or June 1)	20 AUTOPSY? YES NO
ion of VIT. INER: This acceptificate shauld be f files. 3 shauld be btion, af re	2 b TIME OF INJURY Month, Doy, Year PRIMARY CAUSE OF DEATH PM 19 21d INJURY OCCURRED 21e-PTACT OR/N.J.RY 4At home form street 21f IPOTATION Street or R F.D. No.	2, Item 18.)
EXAMINER: ute the cert age 4 shault your files.	WHILE NOT WHILE TOO TO THE TOTAL	Polanie Wer
AL EXA EXA EXA execute ir. Page I far yau TOR: Paga urial, cre	220. I certify that I took sharge of the remains described above, held an Autopsy , inspection , Inquiry	ond in my apinian
MEDICAL E MEDICAL E Medinector. Po director. Po DIRECTOR: r ta burial,	death resulted frame Neutral causes . Accident . Suicide . Homicide . Undetermined mann	
JTY MEDI TY, please eral direct be retaine RAL DIREC	M.D. Hadden Committee	DATE SIGNED
O DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health* prior to burial, crem	EXAMINER'S NAME (Type) E.J. Edelen, M.D. La Plata, Mass (Street, cty town, or county)	119-67
the Smith	230 BURIA. (REMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) DUMFRIES. DUMFRIES.	(County) (State)
VR A15ME (5)		AR'S SIGNATURE
10M - 1/69	CUNNINGHAM MOUNTCASTLE - WOODBRIDGE, VANILAY 2 2 1969 PCLE	enlar Inder

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 2g. DATE OF DEATH 2b HOUR (Type or post) executed within 24 hours after deat OLLIE 7:3544 4 RACE S. DATE OF BIRTH 6 AGE (n years IF UNDER I YEAR E DNDER 24 HRS lost birthday) HOURS Cau 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED LI-HEVER MARRIED CHARLES WIDOWED [DIVORCED [TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 26 KIND OF BUSINESS OR give street oddress) duting most of working life, even firetired) INDUSTRY please remave carbon Marino -Domestic 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 3d INSIDE CITY JALTS? 13b. COUNTY and in any Middle IS MOTHER S MA DEN NAME First Middle signed by the attending physician and burial-transit permit. Then please rem ENTER requires that the death certificate be 16b SOCIAL SECURITY NO 7 INFORMANT Address Yes, no er unknown) crematian, ar remayal, 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) LAFBERAL Conditions, if any, which gave) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse priar ta burial. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 d far use as the af Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? YES 🖂 NO C FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, natify medical examiner) director, page 3 should be detache should be filed with the State Dept. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f LOCATION Street or RFD, Na. City or Town State (aunty While Not while at wark 220. I certify that (I) (this hospital) attended, the deceased from [1] At [m], 1967, to 2) May, 1969, that (I) (we) lost sow the deceased alive on 2) May, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE 22d PHYSICIAN S 22e ADDRESS 23b DATE 23d LOCATION (City or Town) 23a BURIAL, CREMAT ON, 23c NAME OF CEMETERY OR CREMATORY (County) BUT 231 POLITY) 5-29-69 Pisgah Meth. Cem. Pisgah, Charles, Md. 24 FUNERAL DIRECTOR VR A15 (4) Huntt Funeral Home, Waldorf, Md.



		MARYLAND STATE DEPARTMENT OF HEALTH
	. 1	06824 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
,		CERTIFICATE OF DEATH 06823
	eral ond 2 death.	1. DECEASED-NAME (Type or pnnt) TO H PATRICK OVA V S Month Day Year A M
	24 hours after death. ed in by the funeral pagers. Pages I and 2 n 22 bours after death.	3. SEX Male 4. RACE S DATE OF BIRTH June 28, 1920 6. AGE (In years Funder 24 HBS. Months DAYS HOURS Main
•	4 hours	70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY) Pennsylvania U.S.A. WIDOWED DIVORCED Md.
	.E = 0'E	10 CITY OR TOWN OF DEATH La Plata 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b Kind of Business OR Physicans Mem. Hospitaling Englishmenti (Mech. Indult) O.S.
	complete some card	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before odmission) STATE Md. 13b. COUNTY Charles White Plaiys NO X
	be exe	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Patrick Francis Rowan Ellen Foley
	rificate hysicion n pleos /al, and	166 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no per Linknown) 1 (1942-1945) 207-03-4277 Christa L. Rowan-Wife-White Plains,
8	the death of the death of the distance of the major, or rem	BE CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (d) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Inse to immediate couse (o). Storing the underlying couse [b] DUE TO, OR AS A CONSEQUENCE OF [c] PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
410	The low ottending has been as the har	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d AUTOPSY? YES NO XXX 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)
	O HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retoined by the hospital or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the Stote Dept. of Healt	County C
	TO HOSPITAL OR ATTENIED Poge 4 moy be retoined TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	22b SIGNATURE DEGREE ATTENDING MED DIRECTOR STAFF 5:23 69 22d PHYSICIAN'S NAME (Aypo) To Staff 12e. ADDRESS DEGREE ATTENDING DIRECTOR PHYS 12e. ADDRESS ADDRESS 12e. ADDR
	O HOSPITAL Poge 4 moy O FUNERAL director, pa	230 BUR AL CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Bull May a Cremation, 5/29/1969 St. Thomas Cemetery Chapel Point, Maryland
	12/	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
	VR A15 (4) 30M REV 1/68	Arehart Funeral Home, Inc La Plata, Md DAGUN 2 1969 Milande Sunday



12	1	06825 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	I	06825 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 tem23 FilmG412 5/15/69 kk CERTIFICATE OF DEATH	324
r death. uneral 1 and 2	1 D	FFFASED NAME First Middle last 2n DATE OF DEATH	GYeor 125 M
offer the fu after	3. S		HOER 1 YEAR IF UNDER 24 HRS. HS OAYS HOURS MIN
haurs hours		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH OTRY) MARRIED DIVORCED CHARLES	Md.
vithin 2 ly filled on pap	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120, USUAL OCCUPATION (Kind of work done 12	RED KIND OF BUSINESS OR NOUSTRY ONE
completely years years, with		USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY JAMIS2 13b. COUNTY CHARLES WALDORF YES NO	
be exected and to the removing any to the removing the re	14	FATHER'S NAME First Middle LOSI IS MOTHER'S MADEN NAME First Middle JAMES EDWARD SMITH MARY ELLEN S	BRUNNER
ertificate be physician o nen please naval, and in	160	WAS DECEASED EVER IN U.S. ARMED FORCES? Tob SOCIAL SECURITY NO 17 INFORMANT RICHMOND, MCLEAN, VA.	11N ST.
quires that the death certificate physician. signed by the attending physician burial-transit permit. Then please burial, crematian, or remaval, and		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEPATIC FAILURE THE PART I DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN CHISET AND DEATH 3 days
t the deatl the attendi sit permit. nation, or r		Canditions, if any which gave) DUE TO, OR AS A CONSEQUENCE OF CITYLOSIS	years
quires that the physician. signed by the burial-transit burial, cremat		rise to immediate cause (0), stating the underlying cause (c) DUE TO, OR AS A CONSEQUENCE OF (c) CArviic Alcoholism	7
4: The law requires the ar aftending physician, the has been signed by use as the burial-traisalth prior to burial, cre	 	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PEPTIC War Disease with Bleeding	
The law attend attend has be as the fit prior	CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPS ? YES NO CAUSES OF DEATH?	DERED IN CERTIFYING
ICIAN: pital ar trificate d far u af Heal	ਤ	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 at Port 2, Item Or Contributing Cause of Genth (If either, notify medical examiner) P.M. 19	18.)
he has this ce detache e Dept.	MED	While Not while of work	ounty State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers ashould be filled with the State Dept. af Health prior to burial, cremation, or remayal, and in any event, within 7 thoses.		22a. I certify that (1) (this hospital) attended the deceased fram	, that (I) (we) last and haur and from the
OR ATI		226 SIGNATURE GRAND DEGREE ATTENDING DIRECTOR DI	SIGNED Mery 69
TO HOSPITAL Page 4 may In FuneRAL D director, pag-		22d PHYSICIANY NAME (TYDE) J. G. BARRY MASON 22e ADDRESS LA PLATA, MD. 20	646
TO HO Page TO FUN direct		5-9-69 St. Pauls Cemetery WALDORF, CAR	ounty) (State) ORLAS MD.
VR A13 (A)	24.	FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRAR 5 SIGN FUNCT FUNERAL HOME, WALDORF, MD. DAMAY 12 1969 Williamle	

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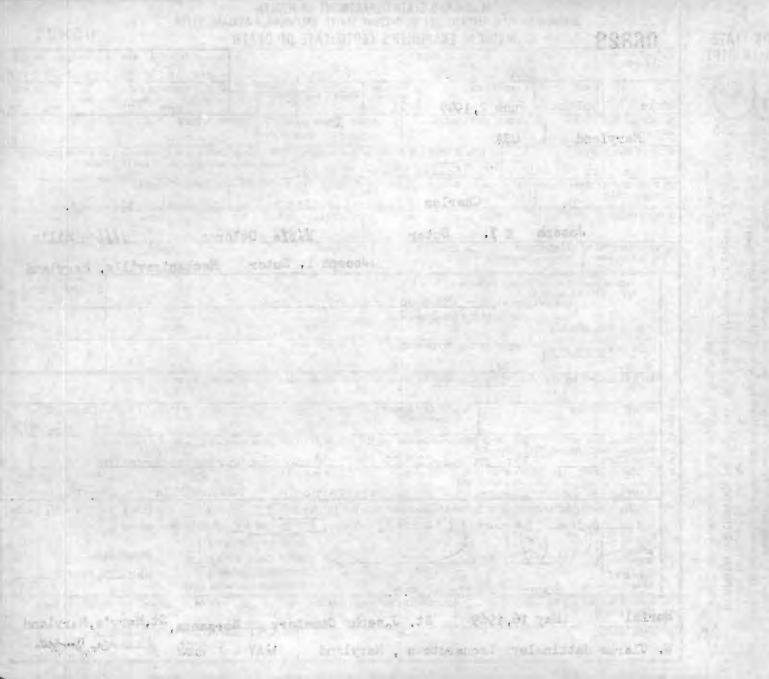
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06826 06825 CERTIFICATE OF DEATH 1 DECEASED-NAME Middle death. certificate be executed within 24 hours after death. funeral ST. and (Type or print) TIPPETT VIOLET 3. SEX 4. RACE DATE OF BIRTH 6. AGE (In years SESSIMOER 1 YEAR lastybirthday) Feb. 10,1895 White Female 7o. BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED | NEVER MARRIED | ve carban papers, country) Maryland U.S.A. Charles campletely filled in DIVORCED [7] 10 CITY OR TOWN OF DEATH

La Plata 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Memorial Hospo mostrowise Memorial Hospital Home 13c CITY OR TOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Md. Charles Bel Alton YES 🗍 NO Y , page 3 shauld be detached for use as the burial-transit permit. Then please rema be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any 14 FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME FIRST Frank Tippett Mary Elizabeth Shorter 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? I 66 SOCIAL SECURITY NO 17 INFORMANT Yes, never unknown) 218-30-3964D Mr. John C. Spalding-La Plata, Md. 1B. CAUSE OF DEATH (Enter only one cause per line for 191, (b) and to attenam PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF TO FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? NO F YES 🗀 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D No. City or Town County While Nat while at wark . 19 50 , to retained causes stoted above (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE ATTENDING DIRECTOR 22e. ADDRESS-22d. PHYSICIAN'S NAME (Type) director, should b 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION (County) Thomas Manor Cem. Chapel Point Arehart Funeral Home, Inc.—La Plata, Md. DATE MAY 22 24. FUNERAL DIRECTOR 30M REV LAR



MAKTLAND STATE DEPAKTMENT OF HEALTH 06827 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost The funeral and 2 is arise death. First 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death. (Type or print) ROSE MayMonth MARY STANFIELD 9 PN 3 SEX 4 RACE S. DATE OF BIRTH 6. AGF (In years 1F JNDER 1 YEAR Female last pitheon) White Aug. 22,1910 ve carban papers. Page event, within 72 haurs the attending physician and completely filled in by sit permit. Then please remove carban names. 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country New York Charles U.S.A. WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR giphey greans La Plata Mem. Hospital martia wanter even if returned 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 33d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE Md 13b. COUNTY Charles Hill Top YES 🗍 NO Y burial, crematian, ar remaval, and in any 14. FATHER'S NAME First IS MOTHER'S MAIDEN NAME FIRST Middle Michael Margiotta Gilda Scaglione Address Hill Top, Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 064-10-3478 Mr. Marvin W. Stanfield-Husband 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove) burial-transit FMERD rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b | Health priar to b attending miA 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a, AUTOPSY? has CAUSES OF DEATH? YES 🔲 NO 🖂 **D FUNERAL DIRECTOR:** After this certificate he director, page 3 shauld be detached far use shauld be filed with the State Dept. af Health Page 4 may be retained by the haspital ar 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. 21e. PLACE OF INJURY (AT MOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Nat while at work 22a. 1 certify that (I) (this haspital) attended the deceased from 1907, ta 5/12, 1907, that (I) (we) last saw the deceased alive an 1907, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) BROANT (Sedle) 5/15/1969 Trinity Mem. Gardens Waldorf .Md 2So. REC'D BY REGISTRAR **FUNERAL DIRECTOR** 2Sb. REGISTRAR'S SIGNATURE Vicionian Judge 30M REV, 1/68 Arehart Funeral Home. Inc. - La Plata. Md.





n6829	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BAIL CERTIFICATE OF DEATH		06828
1. DECEASED-NAME Firs	Middle	Last	20. DATE OF DEATH	69/ear 11.00P
The death teath is the death of the printing o	dred M.	Thorne	5/10/69Manth 10 Day	y 69Year II.UUP
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	H UNDER I YEAR IF HINDER 24 HRS. MONTHS GAYS HOURS MIN
Female	White	9/4/01	67 YRS.	MUMINS MINS INDIVISION
3. SEX Female 70. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
Maryland 10. CITY OR TOWN OF DEATH LaPlata, Md. 13a. USUAL RESIDENCE (Where deceded admission) STATE Md. 14. FATHER'S NAME First Ral ph	U.S.	WIDOWED DIVORCED	Charles	Md
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR II give street address)	NSTITUTION (If not in haspital 12a. US	UAL OCCUPATION (Kind of work dane most of working life even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
E LaPlata, Md.	Physicians	memorial		Domestic
13a. USUAL RESIDENCE (Where deceded	used lived, if institution: Residence before		1.00.00.00.00.00.00.00.00.00.00.00.00.00	
Md.	V Pr. Geo.	Friendly	NO 10501 Old Ft.	Rd
14. FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME	First Middle	Last
Ralph	Payne			Peaper
[16a. WAS DECEASED EVER IN U.S. AR Yes, na, or unknown) (If yes give	MED FORCES? 16b. SOCIAL SECURITY wer or dates of service)		Address	// = =
		Clarence Th	orne (Son) Sar	ne as # 13
18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause per line for (a), (b), and ((h)	<u>.</u>	BETWEEN ONSET AND DEATH
5 IMMED	IATE CAUSE (0) Lafa 5	Exathence	70/13	Zutis
16a. WAS DECEASED EVER IN U.S. AR Yes, na, or unknown) (If yes give 18. CAUSE OF DEATH (Enter of PART L. DEATH WAS CAUS IMMED Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE O	F		6
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO	(b) 11 men	the solution		9 Months
stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE O	I Velue Hear	-)insylvan	2 south
PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OF	RCONDITION GIVEN IN PART I(a)	
19a. DATE OF OPERATION 19th	. CONDITION FOR WHICH OPERATION WAS F	ERFORMED 20g. AUTOPSY?	20b, IF YES, WERE FINDINGS O	ONSIDERED IN CERTIFYING
190. DATE OF OPERATION 198	\wedge	AEZ 🔲 NO [CAUSES OF DEATHS	
			ter nature of injury in Part 1 or Part 2,	Item 18.)
S 21d INTERPRET 21d	ATH HOUR A.M. Month Day Yea			
	PLACE OF INJURY (AT HOME, FARM, STREET, FORCE BUILDING, ETC.		Na. City or Town	County State
While Nat while at wark	OFFICE BUILDING, ETC.	- 01		
22a Leastifus that (1) ()	his haspital) attended the decea	sed from 26 17/15/19	69, to 10 Mm, 19	6), that (1) (we) las
saw the deceased	alive on 10 Man	19, and that in (my) (our) of bady after death.	pinion death occurred an the de	ate and haur and from the
	e, (I) (we) (did) (did not) view the	e bady after death.	l an	DATE SIGNED
22b. SIGNATURE	00.101	DEGREE PHYS.	MED. STAFF	DATE SIGNED
22d. PHYSICIAN'S	10 xue	DEGREE PHYS. 22e. ADDRESS	DIRECTOR L PHYS. L	Micy 6)
NAME (Type) /	Iton C. Cobey MT		- 163	
23a. BURIAL CEMATION X 23b.		F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
STEANS I CONSIDER TO THE		ngton National		1 11
24. EUNERAL DIRECTOR	ADDRES		BY REGISTRAR 2Sb. REGISTRAR'S	
	·1661-Gd. Hope			Par Vardar

